



# Indiana Department of Education

Glenda Ritz, NBCT  
Indiana Superintendent of Public Instruction

## Medical Necessity Guidance: 2013-14 Assessments

### Introduction

Medical Necessity Requests are completed for students with medical conditions covered by the Americans with Disabilities Act and/or Section 504 of the Rehabilitation Act that prohibit them from successfully participating in an accountability assessment due to a serious, ongoing illness or chronic condition. ***Any participation exemption granted by the Office of Student Assessment is limited to the particular testing window for which it was requested*** (Note: Medical Necessity Requests are not applicable in situations that include medical emergencies during testing such as sickness, hospitalization or a concussion).

A request will be considered for a Medical Necessity that meets specific requirements, including, but not limited to, the following:

- The student has a serious, ongoing illness or chronic condition that has lasted or is expected to last at least 6 months or has acquired at least one cumulative month of absences or hospitalization.
- The student's illness or chronic condition requires daily, ongoing treatments and monitoring by appropriately trained personnel.
- The student's condition requires medical care but does not necessitate daily treatment by a health care provider, and the student's medical condition prohibits participation in the assessment.

### Required Documentation

A request for exemption **must be accompanied by the attached Physician's Form** (signed by the student's treating physician).

### Local Process

- The school corporation superintendent (or nonpublic/charter/choice school principal) shall discuss the request with school personnel and determine whether the student has met the criteria for a medical necessity exemption during the specific testing window.
- If the superintendent (or nonpublic/charter/choice school principal) supports the request, **the form on page 2 of this document must be submitted on or before the date indicated below (based on a particular testing window), to the Office of Student Assessment via fax at 317-233-2196.**

***Emergency exceptions may apply for students who have unexpected but ADA/Section 504-covered conditions that prevent participation in an assessment. Please contact the Office of Student Assessment for such situations.***

- **IMPORTANT Note:** The attached Physician's form signed by the student's treating physician describing the nature of the chronic condition **must accompany the request.**

Submit a **Medical Necessity Request Form** for the appropriate testing window (form due date appears after each window).

Assessment	Form Due	Assessment	Form Due
ISTEP+ App Skills	February 3, 2014	LAS Links	December 20, 2013
ISTEP+ M/C	March 31, 2014	ECA-Fall	September 23, 2013
IMAST	March 31, 2014	ECA-Early Winter	November 11, 2013
ISTAR	February 3, 2014	ECA-Late Winter	January 13, 2014
IREAD-3 – Spring	February 17, 2014	ECA-Spring	March 24, 2014
IREAD-3 – Summer	TBA	ECA-Summer	May 22, 2014

- Upon receipt of the request form and the physician's statement, an email will be sent confirming receipt.

### IDOE Process

- The Director of Student Assessment will ensure review of requests.
- The results of the review will be communicated to schools/corporations approximately two weeks after receipt of the Medical Necessity request.



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## Medical Necessity Request Form: 2013-14 Assessments

Select all testing windows that apply as validated by the attached physician's form (form **due date** appears after each window):

- |                                                                      |                                                                      |
|----------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> <b>ISTEP+ App Skills</b> (February 3, 2014) | <input type="checkbox"/> <b>ECA-Fall</b> (September 23, 2013)        |
| <input type="checkbox"/> <b>ISTEP+ M/C</b> (March 31, 2014)          | <input type="checkbox"/> <b>ECA-Early Winter</b> (November 11, 2013) |
| <input type="checkbox"/> <b>IMAST</b> (March 31, 2014)               | <input type="checkbox"/> <b>ECA-Late Winter</b> (January 13, 2014)   |
| <input type="checkbox"/> <b>IREAD-3 – Spring</b> (February 17, 2014) | <input type="checkbox"/> <b>ECA-Spring</b> (March 24, 2014)          |
| <input type="checkbox"/> <b>LAS Links</b> (December 20, 2013)        | <input type="checkbox"/> <b>ECA-Summer</b> (May 22, 2014)            |
| <input type="checkbox"/> <b>ISTAR</b> (February 3, 2014)             |                                                                      |

1) Date of Request: \_\_\_\_\_

Corporation Name and Number: \_\_\_\_\_

School Name(s) and Number(s): \_\_\_\_\_

Principal's Name: \_\_\_\_\_ Principal's Email Address: \_\_\_\_\_

CTC's Name: \_\_\_\_\_ CTC's Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

CTC's Email Address: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ STN: \_\_\_\_\_ Grade: \_\_\_\_\_

2) Briefly describe how and to what extent educational services are being provided to the student at this time.

3) Superintendent or Nonpublic/Charter/Choice School Principal to Complete this Section:

By signing below, I affirm that the information provided can be verified at the request of the Indiana Department of Education.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

**IMPORTANT:** Be sure to submit the **Physician's Form** along with **this form on or before the date indicated based on the testing window**, to the Office of Student Assessment **via fax at 317-233-2196**.

If you have questions, please contact **Karen Stein**, Special Programs Assessment Specialist, via email at [kstein@doe.in.gov](mailto:kstein@doe.in.gov) or by calling 317-232-9050.

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### FOR IDOE USE ONLY

\_\_\_\_ Approved \_\_\_\_ Not Approved Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Assessment Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Physician's Form Medical Necessity Request: 2013-14 Assessments

1) Student's Name: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

2) Name of Student's School: \_\_\_\_\_

3) Describe the nature of the student's ongoing or chronic condition.

4) Please indicate the testing window(s) for which this condition applies at this time.

	Testing Window		Testing Window
<input type="checkbox"/>	<b>ISTEP+ Applied Skills</b> <i>March 3 – 12, 2014</i>	<input type="checkbox"/>	<b>LAS Links</b> <i>January 22 – February 28, 2014</i>
<input type="checkbox"/>	<b>ISTEP+ Multiple-Choice (paper/pencil)</b> <i>April 28 – May 7, 2014</i>	<input type="checkbox"/>	<b>ECA-Fall</b> <i>October 21 – November 15, 2013</i>
<input type="checkbox"/>	<b>ISTEP+ Multiple-Choice (online)</b> <i>April 28 – May 9, 2014</i>	<input type="checkbox"/>	<b>ECA-Early Winter (Part 1)</b> <i>December 9 – 20, 2013</i>
<input type="checkbox"/>	<b>IMAST</b> <i>April 28 – May 7, 2014</i>	<input type="checkbox"/>	<b>ECA-Early Winter (Part 2)</b> <i>January 6 – 17, 2014</i>
<input type="checkbox"/>	<b>ISTAR</b> <i>March 1 – April 30, 2014</i>	<input type="checkbox"/>	<b>ECA-Late Winter</b> <i>February 10 – March 7, 2014</i>
<input type="checkbox"/>	<b>IREAD-3 – Spring</b> <i>March 17 – 19, 2014</i>	<input type="checkbox"/>	<b>ECA-Spring</b> <i>April 21 – June 4, 2014</i>
<input type="checkbox"/>	<b>IREAD-3 – Summer</b> <i>TBD</i>	<input type="checkbox"/>	<b>ECA-Summer</b> <i>June 19 – July 31, 2014</i>

5) Physician's Affirmation, Signature and Contact Information:

By signing below, I affirm that I am the physician of the student named in number 1 (one) above and I confirm that the information provided on this form can be verified at the request of the Indiana Department of Education.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Office Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_